

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/23/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345473	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2018
NAME OF PROVIDER OR SUPPLIER WILORA LAKE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6001 WILORA LAKE ROAD CHARLOTTE, NC 28212		
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F 000	INITIAL COMMENTS The Division of Health Service Regulation conducted a recertification and complaint survey from 2/4/18 - 2/7/18. Additional information was requested for review to complete the survey which extended the survey exit date to 2/9/18.	F 000			
F 568 SS=E	There were no deficiencies cited as a result of the complaint investigation. Event ID PTTG11. Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to provide bookkeeping techniques for personal funds account records that reflected when all transactions occurred and a detailed itemization of each transaction for 3 of 7 sampled residents (Resident #30, #23, and #11). The findings included: 1. a. Resident #30 was admitted to the facility on 2/3/17.	F 568	The processes that led to the deficiency cited was that related corporate policies and procedures to assure accurate accounting practices were not fully implemented and followed. The facility through the QAPI process has developed a plan to address, correct and assure that ongoing these issues are resolved and the facility remains compliant. - Effective February 19th and ongoing for	2/22/18	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/21/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 568	Continued From page 1 A review of the most recent MDS (Minimum Data Set) dated 2/3/17, had documentation of Resident #30 being assessed as having intact cognition. A review of the financial records for 2017 including individualized personal funds account record, cash receipts, and patient fund withdrawal receipts regarding all recorded transactions for Resident #30 revealed patient fund cash receipts dated 3/15/17 for \$20.00 and dated 3/21/17 for \$10.00 were not completed in its entirety as to where cash was received. Further review revealed these transactions were not reflected on the personal fund account record for the month of March. No transactions were recorded on Resident #30's personal funds account record until 5/30/17. b. Resident #23 was admitted to the facility on 11/26/16. A review of the most recent MDS dated 12/16/17, had documentation of Resident #23 being assessed as having intact cognition. A review of the financial records for 2017 including individualized personal funds account record, cash receipts, and patient fund withdrawal receipts regarding all recorded transactions for Resident #23 revealed the following: 17 transactions dated 4/5/17, 4/20/17, 4/28/17, 4/28/17, 5/16/17, 5/16/17, 5/26/17, 6/01/17, 6/06/17, 6/06/17, 7/05/17, 7/28/17, 7/28/17, 7/28/17, 7/28/17, 8/4/17, and 8/04/17 were described as personal needs items on the personal funds account record and documented as personal use cash on the patient fund	F 568	resident #30 all resident receipts for transactions related to resident funds and facility funds will be completed in their entirety to reflect where the cash was received (type of funds)and will be posted timely in the personal account fund (Resident Fund Management System) and or facility fund system (operating accounts) within one business day of receiving. In addition the resident fund account and the facility fund account will be reconciled weekly and monthly to assure ongoing compliance. - Effective February 19th and ongoing for resident#23 all resident transactions will be documented on receipts showing the reason for withdrawal and the personal funds account record in the Resident Fund Management System will match the narrative on the receipt. In addition it will be assured that all receipts will have a description of the withdrawal marked on the receipts and that it will match what is posted and the reason on the residents patient fund account record in the Resident Fund Management System. All withdrawals will be receipted and signed by the resident per corporate policy and posted within one operating business day. In the case of #23 our review based on audits and interviews that past transaction issues were related to accounting practices not completed per corporate policy. -Effective February 19th and ongoing for resident #11 all monies withdrawn and receipted by the resident will be timely and		

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F 568	<p>Continued From page 2</p> <p>withdrawal receipts. 9 transactions dated 5/1/17, 6/12/17, 6/13/17, 8/7/17, 8/10/17, 8/10/17, 9/13/17, 10/3/17, 11/13/17 recorded on the patient fund withdrawal receipts had no description marked and was recorded on the patient funds account record as personal needs items. 7 transactions dated 3/14/17 for \$20, 5/1/17 for \$5, 5/5/17 for \$5, 5/15/17 for \$5, 5/22/17 for \$25, 5/22/17 for \$25, and 5/30/17 for \$30 were recorded on patient fund withdrawal receipts and not recorded on Resident #23's personal funds account record. 16 transactions dated 6/8/17 for \$94.30, 6/8/17 for \$139.93, 6/26/17 for \$300, 7/6/17 for \$20, 7/12/17 for \$249.74, 7/14/17 for \$13, 7/14/17 for \$120, 7/19/17 for \$400, 8/17/17 for 300, 8/21/17 for \$10, 8/21/17 for \$10, 8/21/17 for \$10, 8/23/17 for \$53.72, 8/23/17 for \$94.30, 8/23/17 for \$175, and 8/31/17 for \$10 were recorded on the personal funds account record with no transaction receipts and described as personal needs items with payee listed as petty cash.</p> <p>c. Resident #11 was admitted to the facility on 4/5/16 and listed as his own responsible party.</p> <p>A review of the most recent MDS dated 11/21/17, had documentation of Resident #11 being assessed as having intact cognition. The assessment was coded for diagnoses that included dementia and psychotic disorder.</p> <p>A review of the financial records for 2017 including individualized personal funds account record, cash receipts, and patient fund withdrawal receipts regarding all recorded transactions for Resident #11 revealed the personal funds account record was opened on 7/18/16. The</p>	F 568	<p>posted and reflected on the personal fund account record. In addition the narrative describing the withdrawal on the receipt signed by the resident will match the narrative listed when posted on the personal fund account record in the Resident Fund Management System. For all future withdrawals receipts signed by the resident will obtained and maintained as the required supporting documentation showing the dollars received and then will be posted to the personal fund account record and recorded to assure the narrative of the withdrawal matches both on the receipt and the patient fund account record. In resident #11 case based on audits and interviews it is not clear that the resident did receive the dollars in question and therefore a 24/5 day report was made to the NCDHHS Personnel Registry as well as a report was made to the Charlotte Mecklenburg Police Department (CMPD). CMPD has not yet begun its' investigation. In addition the facility will be funding the residents account for any monies from his account that do not have a signed receipt by the resident.</p> <p>2) Any resident could be affected by this practice. An audit of all resident trust was conducted for 10/01/2017 to 12/31/2017 by the Regional Business Office Manager. All withdrawals by residents did have appropriate signed receipts and were posted to the personal funds account record or operating accounts as appropriate. For all future transactions of withdrawals or deposits into a resident</p>		

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F 568	<p>Continued From page 3</p> <p>account revealed the following:</p> <p>For 2017, this account record had a zero-dollar balance, no earned interest, and no transactions noted until 5/24/17.</p> <p>The patient fund withdrawal receipts reflected \$30 taken out on dates 1/17, 3/8/17, 4/7/17, and 5/8/17 and but were not reflected on the patient fund account record.</p> <p>The patient funds account record had listed \$30 debited 3 times on 5/26/17 for personal care items with payee listed as petty cash.</p> <p>Debited amounts on 6/13/17 for \$100, 6/13/17 for \$300, 6/22/17 for \$150, 6/29/17 for \$300, 7/12/17 for \$30 and \$75, 7/26/17 for \$200, 8/3/17 for \$300, 8/29/17 for \$94.28, 8/29/17 for \$115.76, 8/29/17 for \$300, 9/7/17 for \$30, and 9/7/17 for \$230 were documented for personal care items and listed as petty cash. There are no receipts to reflect these transactions.</p> <p>On 2/6/18 at 3:29pm an interview was conducted with the Receptionist who stated she is primarily responsible for disbursement of patient personal funds and has a log with pending balances as a reference.</p> <p>On 2/6/18 at 3:40pm an interview with the Business Office Manager (BOM) revealed she was a new employee with the facility and started in her role in November 2017. She stated the Receptionist and the Human Resources Officer had access to the Residents' trust fund account and were responsible for disbursement. The BOM indicated the process followed for transactions are as follows:</p> <p>" The list is reviewed for availability of funds before disbursement to the resident.</p>	F 568	<p>trust account or operating accounts the transaction will be appropriately receipted and posted to the residents personal funds account or operating accounts with matching narrative of the reason for the transaction. This will be completed within one business working day of the actual transaction. In addition if any discrepancies do occur that could reflect the suspicion of misappropriation the facility will timely complete a 24/5 day report to the NC Personnel Registry as required. If the discrepancy reflects the possibility of a crime the facility will also report to the Charlotte Mecklenburg Police Department. To note in addition cash will not be accepted as payment for services, room and board or related payments.</p> <p>3) The Regional Business Office Manager has provided education as of 2/21/2018 to employees involved in cash transactions. The education included the following corporate policies; 1) Resident Trust Fund - Overview, 2) Protection of Resident Trust Funds, 3) Prohibition of Commingling of Funds, 4) Resident Incapable of Managing Funds, 5) Resident Fund Withdrawal Tickets, 6) Cash Disbursements, 7)Check Withdrawals 8) Withdrawal Posting 9) Check Signature Requirements, 10) Resident Trust Fund Weekly Reconciliation 11) Resident Trust Funds and 12) Cash Receipts to include what facility can and can not receive cash for. In addition education was provided relevant to reporting responsibilities relevant to suspicion of misappropriation.</p>		

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F 568	<p>Continued From page 4</p> <p>" A receipt form is completed and signed by the resident after disbursement.</p> <p>" The patient fund withdrawal receipt was turned into the BOM.</p> <p>" The BOM balances the account using the electronic accounting system, Resident Fund Management Service</p> <p>The BOM indicated she was unaware if any audits had been conducted related to personal fund accounts.</p> <p>A review of a police report dated 10/13/17 filed by the Administrator revealed an alleged embezzlement between the period of 3/2/17 to 5/15/17. The report read there was evidence that 5 payments made to the facility by customers were stolen by a suspect, not listed by name. The suspect collected the money but never deposited the money into the resident's account. The case has remained opened.</p> <p>On 2/7/18 at 3:33pm an interview was conducted with a staff member at the States' Health Care Personnel Registry (HCPI) Section who verified that the HCPI had not received a 24 Hour Initial Report or 5 Working Day Report for Residents #30, #23, or #11 related to the alleged embezzlement from dates 3/2/17 to 5/15/17.</p> <p>A review of the education in-service attendance record dated 9/26/17 revealed the Receptionist and Administrator had received education of the segregation of duties and resident trust fund policies that included safeguards put into place revised on 4/26/17 pertaining to writing receipts, preparation of the deposits, system entry, and delivery of monies to the resident.</p>	F 568	<p>The following individuals were provided the education and included the Executive Director, Administrative Assistant, Business Office Manager and the Human Resources Director.</p> <p>4) Quality monitoring will be completed weekly for 52 weeks beginning week of 2/25/2018 by the Executive Director or designee. Audits will verify that the following are occurring; 1) All resident withdrawals are appropriately receipted at the time of the transaction and that monies verified as available for the resident prior to completing the transaction, 2) All withdrawals will be posted to the personal funds account record within one business day of the transaction, 3) That all transaction receipts will match the narrative description when posted to the appropriate account, 4) That no cash is accepted by the facility for payment of room and board or related services, 5) That any discrepancy that creates the suspicion of misappropriation is reported timely to the appropriate authorities to include the NCDHHS Personnel Registry and the Charlotte Mecklenburg Police Department. The Quality Monitoring will be presented to the QAPI committee and submitted by the Executive Director. The QAPI committee will recommend and implement any necessary revisions to the plan in order to maintain substantial compliance. The Executive Director will be responsible for the implementation of the plan.</p>		

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F 568	Continued From page 5 An interview conducted on 2/7/18 at 4:00 with the Administrator revealed the Corporate Auditor alerted him on 10/30/17 via email of potential fraudulent activity after an audit revealed missing funds from the operational accounts from transactions that were received in cash and were not related to the residents' personal fund accounts. He indicated it was determined from the audit that bad accounting practices were found throughout and changes had been made. He explained that cash was no longer accepted as a payment method and he along with the receptionist had been in-serviced by the corporate team regarding the Resident Trust Fund policies and procedures in September of 2017. He stated he was not privileged to the specifics of the audit investigation and was not sure if Resident #11 had been affected from the missing funds. He was aware that Resident #30 had been affected but was unsure of the extent. He indicated he expected all transactions related to resident personal funds accounts to be accurate and made available to the resident.	F 568			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to accurately code the Minimum Data Set (MDS) to reflect the Level II Preadmission Screening and Resident Review (PASRR) determination for 1 of 1 resident (Resident #17) identified as a PASRR Level II.	F 641	1. On February 6, 2018 at the time of identification during survey resident # 17's MDS was modified to reflect accurate coding of Pre-admission screening and resident review.(PASRR). This error occurred as the MD nurse did not follow the guidelines for accurate coding of	2/22/18	

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F 641	<p>Continued From page 6</p> <p>The findings included:</p> <p>Resident #17 was admitted to the facility on 10/16/17 with diagnoses including bipolar disorder and depression.</p> <p>A review of Resident #17's admission Minimum Data Set (MDS) assessment dated 10/23/17 and significant change MDS assessment dated 11/21/17 indicated the resident was not considered by the state Level II Preadmission Screening and Resident Review (PASRR) process to have a serious mental illness and/or intellectual disability. The results of this screening and review are used for formulating a determination of need, determination of an appropriate care setting, and formulating a set of recommendations for services to help develop an individual's plan of care.</p> <p>On 02/06/18 at 9:26 AM an interview was conducted with the MDS Coordinator who stated she had not coded Resident #17's admission or significant change MDS assessment because she was not employed at the facility. The MDS Coordinator reviewed the resident's medical record and verified that Resident #17 should have been coded as PASRR Level II on the admission MDS assessment dated 10/23/17 and significant change MDS assessment dated 11/21/17. The MDS Coordinator stated the nurse who coded Resident #17's admission MDS assessment no longer worked at the facility. The MDS Coordinator stated the traveling MDS Coordinator coded Resident #17's significant change assessment. The MDS Coordinator stated she would need to submit a modification to the admission MDS assessment dated 10/23/17 and significant change MDS dated 11/21/17 to reflect</p>	F 641	<p>section A of the MDS.</p> <p>2. On February 6, 2018 a Quality Monitor of section A for current residents was completed by facility MDS Coordinator and Regional MDS Coordinator to identify any inaccurate coding of the PASRR. A modification to section A was completed and transmitted for residents identified that MDS coding of Level II PASRR was not completed accurately.</p> <p>3. The Regional MDS Coordinator Provided in-service of Accuracy in MDS coding including section A and PASRR coding to the facility MDS Nurse on February 21, 2018.</p> <p>4. A Quality Monitoring of accuracy of PASRR coding to be completed weekly by the MDS Nurse for 12 weeks and then monthly. The Quality Monitoring schedule will be modified based on findings. Results of the Quality Monitoring to be submitted to Quality Assurance Performance Improvement Committee(QAPI)by MDS Nurse/designee. The QAPI committee to recommend and implement revisions to the plan as necessary to sustain substantial compliance. The Administrator will be responsible for implementation of the Plan of Correction.</p>		

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F 641	<p>Continued From page 7</p> <p>Resident #17 was PASRR level II.</p> <p>On 02/06/18 at 9:38 AM an interview was conducted with the social worker (SW) who stated Resident #17 was admitted to the facility on 10/16/17 and was determined as PASRR Level II on admission. The SW stated she informed the prior MDS Coordinator who no longer worked at the facility that the resident was PASRR Level II.</p> <p>On 02/06/18 at 9:51 AM a telephone interview was conducted with the traveling MDS Coordinator who stated she was responsible for coding Section A. 1500 of Resident #17's significant change MDS assessment dated 11/21/17. The traveling MDS Coordinator stated Resident #17's PASRR number was not located in the medical record at the time she coded the significant change MDS assessment dated 11/21/17 and missed coding to indicate the resident was PASRR Level II.</p> <p>On 02/06/18 at 9:59 AM an interview was conducted with the Regional MDS Coordinator who stated her expectation was that Resident #17's admission MDS assessment dated 10/23/17 and significant change MDS assessment dated 11/21/17 would have been accurately coded to reflect the resident was PASRR Level II. She stated her expectation was that the prior MDS coordinator and traveling MDS Coordinator would have reviewed Resident #17's medical record for diagnosis to support PASRR Level II and further inquired if the resident was PASRR Level II prior to coding the admission and significant change MDS assessment. The Regional MDS Coordinator stated her expectation was that Resident #17's admission and significant</p>	F 641			

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F 641	<p>Continued From page 8</p> <p>change MDS assessment would be modified and submitted to accurately reflect Resident #17 was PASRR Level II.</p> <p>On 02/06/18 at 10:07 AM an interview was conducted with the Director of Nursing (DON) who stated her expectation was that Resident #17's admission MDS assessment dated 10/23/17 and significant change MDS assessment dated 11/21/17 would have been accurately coded to reflect the resident was PASRR Level II. The DON stated her expectation was that the MDS Coordinator would submit a modification to Resident #17's admission MDS assessment dated 10/23/17 and significant change MDS assessment dated 11/21/17 to reflect PASRR Level II.</p> <p>On 02/06/18 at 10:17 AM an interview was conducted with the Administrator who stated his expectation was that the admission MDS assessment dated 10/23/17 and significant change MDS assessment dated 11/21/17 would have been accurately coded to reflect Resident #17 was determined as PASRR Level II. The Administrator stated his expectation was that the MDS Coordinator would submit a modification to Resident #17's admission MDS assessment dated 10/23/17 and significant change MDS assessment dated 11/21/17 to reflect PASRR Level II.</p>	F 641			